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FEE TRANSMITTAL	Complete if Knowp OIPE					
FEE TRANSMITTAL	Application Number	09/918,715	\\ \text{\tin}\text{\tetx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\\\ \text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\texi}\text{\text{\text{\text{\texi}\text{\text{\texi}\text{\text{\texi}\text{\text{\texi}\text{\texi}\text{\texi}\text{\texi}\tex{\texi}\text{\texi}\text{\texit{\texi}\text{\texi}\text{\texi}\t			
for FY 2005	Filing Date	August 1, 2001	7 NOW 4 7 2004			
	First Named Inventor	Brad ST. CROIX	104 7004			
Effective 10/01/2004. Patent fees are subject to annual revision.	Examiner Name	C. Yaen				
☐ Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1642	D'OBEROEM?			
TOTAL AMOUNT OF PAYMENT (\$) 900	Attorney Docket No.	001107.00134				
METHOD OF DAYMENT (shock of that apply)	1	EEE CALCUL ATION	(continued)			

N	ETHOD OF	PAYME	NT (check all that	apply)	FEE CALCULATION (continued)					
Charle C	Cradit care		anov 🗖 Other	□ None	3. ADDITI			ES		
☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None Order		Large	Entity	Small E	ntity					
☑ Deposit Account: Deposit		Fee	Fee (\$)	Fee	Fee					
		Code		Code	(\$)	Fee Description Fee	Paid			
Account	19-	0733	3		1051	130	2051	65	Surcharge - late filing fee or oath	
Number	Number		1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.			
Deposit Banner & Witcoff L		TD	1053	130	1053	130	Non-English specification			
Name	Dai	Banner & Witcoff, LTD.			1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
The Director is authorized to: (check all that apply) ☐ Charge fee(s) indicated below ☐ Credit any overpayments ☐ Charge any additional fee(s) or any underpayment of fee(s) ☐ Charge fee(s) indicated below, except for the filing fee				1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action		
				1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action		
to the above-identified deposit account.		1251	110	2251	55	Extension for reply within first month	110			
FEE CALCULATION			1252	430	2252	215	Extension for reply within second month			
	FILING F				1253	980	2253	490	Extension for reply within third month	
Large Entity	Small En				1254	1,530	2254	765	Extension for reply within fourth month	
Fee Fee Code (\$)		ee <u>Fe</u> \$)	e Description	Fee Paid	1255	2,080	2255	1,040	Extension for reply within fifth month	
1001 790	, , , , ,	-	ility filing fee		1401	340	2401	170	Notice of Appeal	
1002 350			sign filing fee		1402	340	2402	170	Filing a brief in support of an appeal	
1003 550	2003 2		ant filing fee		1403	300	2403	150	Request for oral hearing	
1004 790	2004 3		issue filing fee		1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1005 160	2005 8	0 Pro	ovisional filling fee		1452	110	2452	55	Petition to revive – unavoidable	
SUBTOTAL (1) (\$) 0		1453	1,370	2453	685	Petition to revive – unintentional				
		1501	1,370	2501	685	Utility issue fee (or reissue)				
2. EXTRA C	AIM FEE	S FOR U	JTILITY AND I	REISSUE	1502 490 2502 245 Design issue fee			245	Design issue fee	
		_	Fee f		1503	660	2503	330	Plant issue fee	
Total Claims	-20 *		Claims belo	w Fee Paid	1460	130	1460	130	Petitions to the Commissioner	
Independent	== 20	-	== ^ =	≓ 	1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	
Claims	-3 **	= 0	×	= 0	1806	180	1806	180	Submission of Information Disclosure Stmt	
Multiple Dependent				= 0	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
Large Entity	Small E				1809	790	2809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
Fee Fee Code (\$)	Fee Code	Fee (\$)	Fee Description		1810	790	2810	395	For each additional invention to be	
1202 18	2202	9	Claims in excess	of 20	1.5.5				examined (37 CFR § 1.129(b))	
1201 88	2201	44	Independent clair						Description (DOF)	790
1203 300	2203	150		nt claim, if not paid	1801	790	2801	353 Request for Continued Examination (NOE)		ļ.,50
1204 88	2204	44	original patent	in excess of 20 and	1802	900	1802	900	Request for expedited examination of a design application	
1205 18	2205	9	over original pate		Other fee (specify)					
		SUB	TOTAL (2)	(\$) 0	*Redu	ced by B	asic Filin	g Fee Pa	aid	
**or number on	**or number previously paid, if greater: For Reissues, see above								SUBTOTAL (3) (\$) 900	

SUBMITTED BY Complete (if applicable)									
Name (Print/Type)	Sarah A. Kagan	2.6	Registration No. (Attorney/Agent)	32,141	Telephone	202.824.3000			
Signature	Sarai	Uka	au		Date	November 17, 2004			

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